

# GIC Health Plan Rates – Monthly Rates as of July 1, 2010

**For THE TOWN OF WINTHROP ENROLLEES**



**Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE**

*Includes 0.33% Administrative Fee*



HEALTH PLAN	TEACHER Who Retired Before July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.62	\$ 99.89	15%	\$ 62.43	\$149.84
Fallon Community Health Plan Select Care	10%	49.93	119.82	15%	74.89	179.74
Harvard Pilgrim Independence Plan	10%	60.50	147.78	15%	90.75	221.66
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.28	15%	72.02	175.92
Health New England	10%	41.54	102.97	15%	62.31	154.45
Tufts Health Plan Navigator	10%	58.18	141.27	15%	87.27	211.90
Tufts Health Plan Spirit	10%	46.18	112.12	15%	69.26	168.17
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	41.49	109.94	15%	62.23	164.91
UniCare State Indemnity Plan/Basic with CIC ( <i>Comprehensive</i> )	10%	117.81*	274.51*	35%	282.28	659.04
UniCare State Indemnity Plan/Basic without CIC ( <i>Non-Comprehensive</i> )	10%	76.94	179.68	35%	269.27	628.87
UniCare State Indemnity Plan/Community Choice	10%	40.80	97.91	15%	61.19	146.86
UniCare State Indemnity Plan/PLUS	10%	56.28	134.32	15%	84.43	201.48

\* Enrollee pays the full cost of CIC - \$37.16 for individual CIC coverage and \$86.21 for family CIC coverage.

**Retirees and Survivors *WITH* MEDICARE**

HEALTH PLAN	Medicare TEACHER Who Retired Before July 1, 2008		Medicare RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan*	10%	\$ 22.62	15%	\$ 33.94
Harvard Pilgrim Medicare Enhance	10%	37.95	15%	56.92
Health New England MedPlus	10%	36.34	15%	54.50
Tufts Health Plan Medicare Complement	10%	35.19	15%	52.79
Tufts Health Plan Medicare Preferred*	10%	22.32	15%	33.48
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ( <i>Comprehensive</i> )	10%	36.33	35%	127.14
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC ( <i>Non-Comprehensive</i> )	10%	35.26	35%	123.40

\* Rates are subject to federal approval and may change January 1, 2011.

**Rates are Calculated by the Town of Winthrop Benefits Office.**

**Rate questions? Call: 1.617.846.3226**